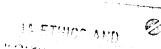
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Jowe 50319







FOR INSTRUCTIONS, SEE BACK OF FORM

Fax: 515-281-4073	DISCLOSURE SUMN				
COMMITTEE NAME (Must be	same as on Statement of Organization)	2008	UQT 1	7 PH 3: 2	\1
Freitag for Auditor				FORM	ا
(1)Statewide/Legislative/Judge (4)County Central Committee (of committee you are reporting for: 5 Standing for Retention Candidate (2) State PA 5 County Candidate (6) City Candidate (7) St ty PAC (9) City PAC (10) School Board or Ot	shool Board or Other Political	ן ן, י	DR-2 (Rev. 07/2007) For Office Use On Comm. #	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name Dennis Freitag	Polit Re	ical Party (if applicable) publican		Scanned Computer	
Office Sought Clayton County Auditor	Dist	rict (if Senate or House)		Audited	
Late reports are subject to possible Signature of Person Fi	ble civil and criminal penalties. Pursuant to k	owa Code sections 68B.32/ 563) 245-134 TELEPHONE		58A.401(3), the ca /// T DATE S	7-08
I AM FILING A October 20,	2008 REP	ORT FOR (1) ELECTION		-ELECTION YE	AR.
(r	eport date)	Indicate by	# I		
☐CHECK IF AMENDMENT 1	O REPORT DATED		Local Co	mmittees, enter Da	ite of Election
Check if this is final (termin (You must continue	ation) report and attach Notice of Dissolut to file reports until a DR-3 is filed.)	ion Form DR-3.		Local Committees action is held III	s, enter County in
STATEN	IENT OF CASH ON HAND				
committee. This am	ning of the reporting period. (Total of all fi ount MUST be the same as the cash on h period or must be zero if this is first report	and at the end		20.18	
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD			2.00	
	Contributions total (Attach Schedule A) (*ai			2.00	
	Received total (Attach Schedule F)				
	sales of Campaign Property (Attach Sched				
<u>(Schedule</u>	H applies to Candidates' Committees C	<u>niv)</u> SUB-TOTAL		22.18	
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD				
Schedule B: Expen	ditures total (Attach Schedule B) (**also se	e debts and loans below)			
Schedule F: Loan F	tepayments total (Attach Schedule F)			•••	
CASH ON HAND at the end of	of this reporting period (if final report balan	ce must be zero)		22.18	
"UNPAID BILLS (From Sche	edule D - Attach Schedule D)			<u> </u>	
IN KIND CONTRIBUTIONS	(From Schedule E - Attach Schedule E)			B	
"OUTSTANDING LOANS (F	rom Schedule F - Attach Schedule F)			801.75	
CONSULTANT BREAKDOW	N (Schedule G Attached?)			YES	NO
CANDIDATE COMMITTEES	ONLY:				
VALUE OF CAMPAIGN PRO	PERTY (From Schedule H - Attach Sched	lule H)	;	s	
STATE COMMITTEES: Sub	a Aned tnuccoe ngiagnaccount balls a	tatement in January of ea	ch year.		

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS ... MONEY TAKEN IN

	(Rev. 07/03)	MONETARY RECEIPTS
7		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
10-08-08	ID#	Dennis Freitag		\$2.00	1
10-08-08	CK#	PO Box 461; Elkader, IA 52043	Self	42.00	L
· ······ <u>·</u>	ID#				<u> </u>
	CK#				L
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	1D#				
	CK#				L
	1D#				
	CK#				
•			SUB-TOTAL		
		TOTAL III lest no	ge of this schedule)	\$	ł

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

\$ 2.00

	E BACK OF FORM		A Company of the Comp	SCHEDULE	{
	t be same as on Statement of Organization)			(Rev. 02/08)	LOAN
eitag for Auditor					& REPA
	orts money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD \$	the committee	account.	L CHECK AMENDIN	
RT I - MONETARY LO (Original source	ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved, Incl	ide loens from candi	dete's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		ELATIONSHIP TO IDATE (If Applicable	AMOUNT (F LOAN
				\$	
			ALL MINISTER		
					_
ART II - MONETARY I (Loens forgive)	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERION IN MUST be reported on Schedule E In-kind Contributions	D	(PART I)	\$	
ART II - MONETARY I (Loens forgives DATE PAID (MM/DD/YR)	OAN REPAYMENTS MADE THIS REPORTING PERION IN MUST be reported on Schedule E In-land Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	D L)	ELATIONSHIP TO	AMOUNT	
(Loans forgiver	n must be reported on Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	D L)		AMOUNT	
(Loans forgiver	n must be reported on Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	D L)	ELATIONSHIP TO	AMOUNT (
(Loans forgiver	n must be reported on Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	D L)	ELATIONSHIP TO	AMOUNT (
(Loans forgiver	n must be reported on Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	D L)	ELATIONSHIP TO	AMOUNT (
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	D L)	LATIONSHIP TO DATE* (If Applicable	AMOUNT (REPAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	REPAYMEN	ELATIONSHIP TO DATE* (If Applicable	AMOUNT	REPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	REPAYMEN	LATIONSHIP TO DATE* (If Applicable to the control of the control o	AMOUNT (REPAID